

**STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S PLUGGING REPORT**

OFFICE USE ONLY
Log No. 111284
Permit No. _____
Basin 105

**PRINT OR TYPE ONLY
DO NOT WRITE ON BACK**

*Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340*

NOTICE OF INTENT NO. 64711 ⁽¹⁾

1 OWNER **PETE BACHSTADT** ADDRESS AT WELL LOCATION **1190 RABE WAY**
MAILING ADDRESS **1190 RABE WAY** **CARSON CITY, NV 89701**
CARSON CITY, NV 89701 ^(14A) Subdivision Name: _____ County: **Carson City**

2 LOCATION NE 1/4 SE 1/4 Sec 5 T ~~13N~~ ^{14N} N/S R 20 E Latitude **39.10352°N** UTM E _____ NAD 27
PERMIT/WAIVER No. **09-311-12** Longitude **119.75642°W** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 TYPE OF WELL Is this well being plugged because a replacement well was drilled? **YES** Is there an existing well log? **NO**
 Domestic Irrigation Test **11050**
 Municipal/Industrial Monitor Stock If yes, what is replacement well NO? **64712** If yes, what is NDWR well log #?

4 EXISTING WELL CONSTRUCTION
Depth Drilled **90** Feet Depth Cased **90** Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+1	90

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made:
Additional Perforations:

Existing Perforations:

Type of perforation	Size of perforation	From	To
MILL SLOT	3 X 3/32	90	90

MILLS KNIFE

Type of perforator used	From	To	Number of perfs per linear foot
MILLS KNIFE	40	70	4

5 WATER LEVEL
Static water level **64** feet below land surface
Artesian flow _____ G.P.M. **4** P.S.I.
Water temperature **COLD** ° F Quality **POOR**

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments

From	To	Material Used	NEAT CEMENT	Poured
0	90	NEAT CEMENT	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Vertical stamp: CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC. 2010 JUL 16 PM 1:23

39.103611° N NAD83 P.D.
119.755407° W

Neat Cement Fluid Weight **94/4** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **06/28/2010**
Date Completed **06/28/2010**

9 DRILLER'S CERTIFICATION
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name **CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.**
Address **# 20 KIT KAT DRIVE**
CARSON CITY, NV 89706
Nevada contractor's license number issued by the State Contractor's Board **0055548**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**
Signed *[Signature]*
Date **06/30/2010**